

Name
in
Full

Mataline Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Dec	18	52			
Sex		Color or Race		Birth-place			
Female		Black		Fallbrook			
Occupation				Where Residing if not at place of death			
Housework							
Married, Single or Widowed		Name of Wife or Husband					
		James Bailey					
Father's Name		Father's Birthplace					
Theodore Smith		Fallbrook					
Mother's Maiden Name		Mother's Birthplace					
Eliya Jones		"					
Name of person giving Information		How related to deceased					
"		"				Mother	

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary		How long	
Aneurysm of Aorta		1 year.	
Immediate		How long	
Heart exhaustion		8 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Robt. A. [Signature]	
		Address	
		Easton, Ind.	
Accident or Suicide			
No.			

Dr. Thomas,
230 Second Sunday,
Harrison House

Name
in
Full

Peter Blackwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Mar Easton</i>		County <i>Talbot</i>		MARYLAND	
Date of death		1908	Month <i>Dec</i>	Day <i>7</i>	Age <i>43</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Talbot Co</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>✓</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Fannie Blackwell</i>					
Father's Name <i>Peter Blackwell</i>		Father's Birthplace <i>Talbot Co</i>					
Mother's Maiden Name <i>Elizabeth Blake</i>		Mother's Birthplace <i>Not known</i>					
Name of person giving information <i>Chas H. Mackey</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>3 mos</i>
Immediate	<i>Exhaustion</i>	How long	<i>7 few wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>y/so</i>		Signature of Physician <i>Chas. J. Anderson</i>	
		Address <i>Easton, Md.</i>	
Accident or Suicide? <i>✓</i>			

Dr. D. A. L.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

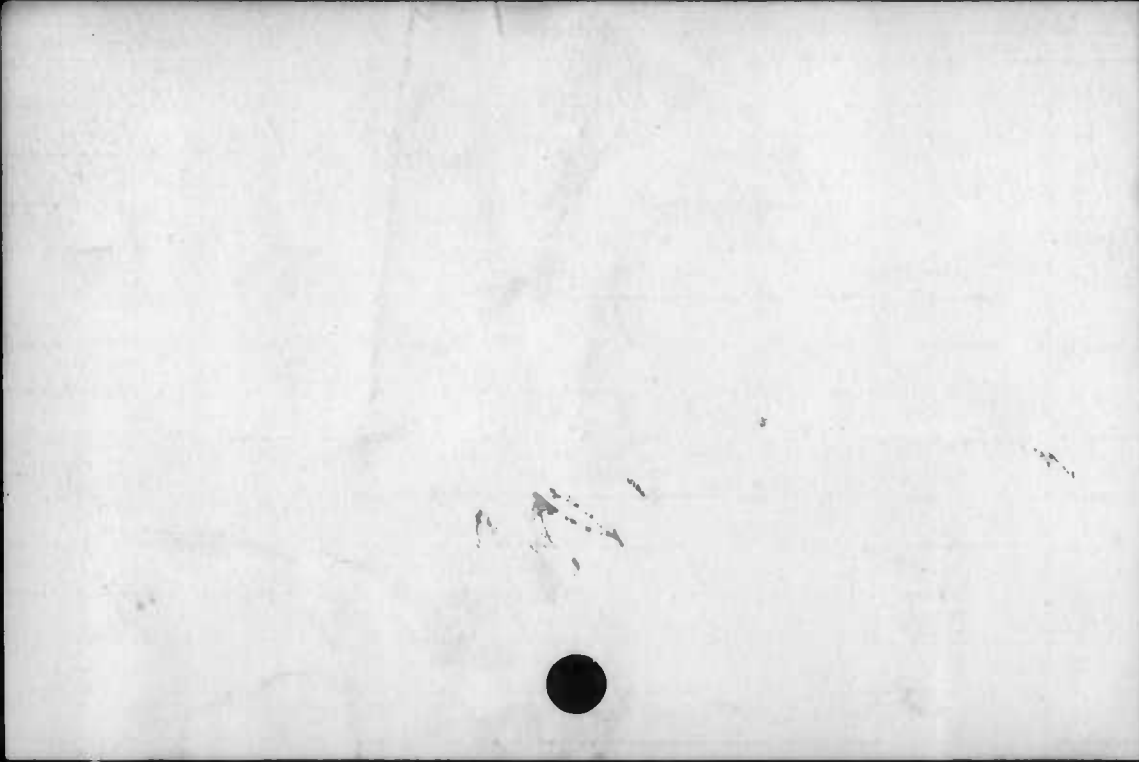
Died at		Town		County	
Date of death		Month	Day	Age	Years
1908		Dec	6	no	11
Sex		Color or Race		Birth-place	
Male		Colored		Tolbot Co.	
Occupation		Where Residing if not at place of death			
Lumber		at Place of birth			
Married, Single or Widowed		Name of Wife or Husband			
Single		Name of Wife or Husband			
Father's Name		Joseph Brian		Father's Birthplace	
Mother's Maiden Name		Alicia Gibson		Mother's Birthplace	
Name of person giving information		Joseph Brian		How related to deceased	
				Father	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Lobar Pneumonia	How long	6 days.
Immediate	Cerebrospinal Meningitis	How long	4 days.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		P. L. Brown	
Address		Boston Ind	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

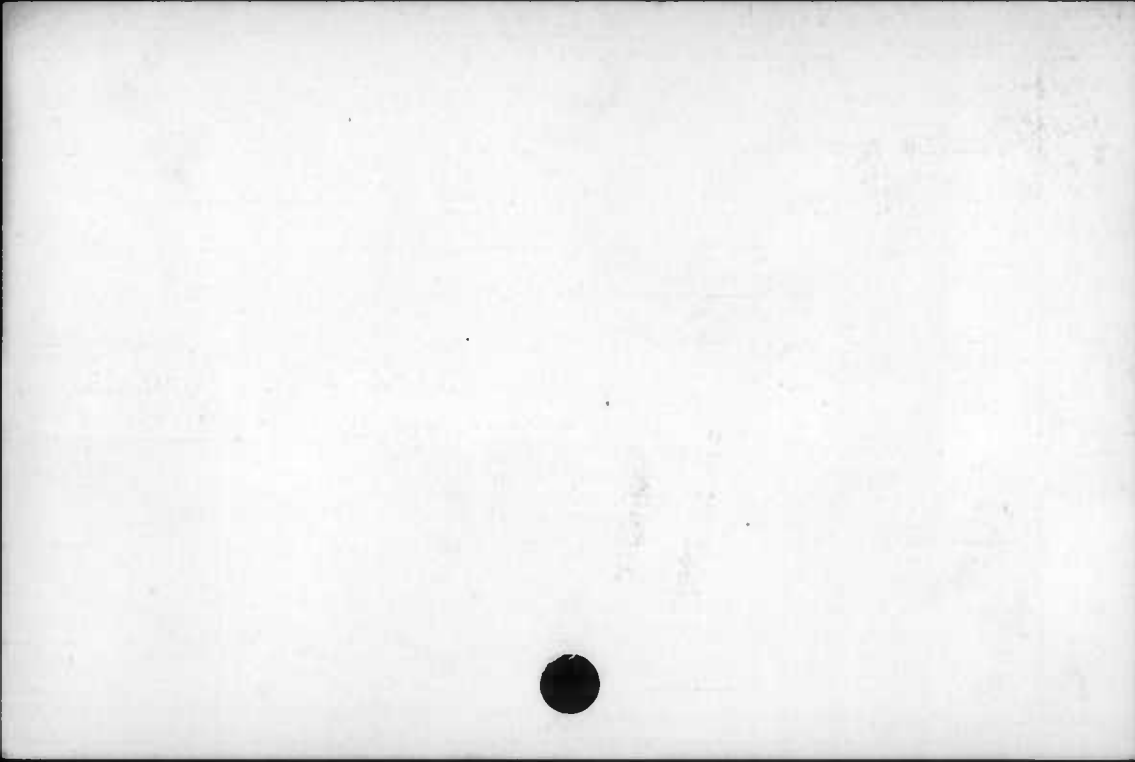
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Carrol C. Bridge		Town Bozeman		County Tallot.		MARYLAND	
Died at Bozeman		Date of death 1908		Age 29		Months 2	
Month Dec		Day 18		Years 29		Days 18	
Sex Male		Color or Race White		Birth-place Tallot Co.			
Occupation Physician		Where Residing If not at place of death Same					
Married, Single or Widowed Married		Name of Wife or Husband Lina Bridge					
Father's Name Thomas F. Bridge		Father's Birthplace Tallot Co.					
Mother's Maiden Name Abelora E. Ball		Mother's Birthplace Tallot Co.					
Name of person giving information Mrs. Thomas Cooper		How related to deceased Sister					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid Fever.	How long 8 days.
Immediate —	How long —
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W. J. B. Smith
	Address St. Michaels, Ind.
Accident or Suicide? No	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

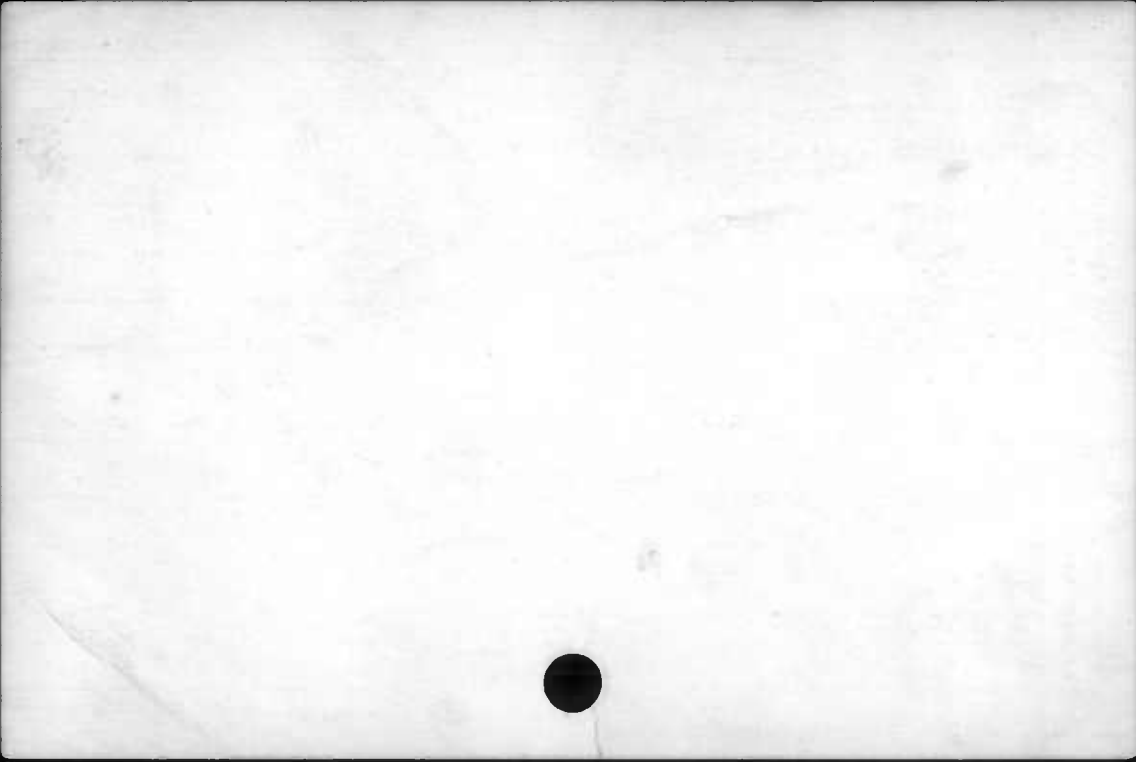
Name in Full <i>John A. Brummel</i>		Town <i>Hopkins Neck</i>		County <i>Talbot</i>		MARYLAND	
Died at <i>Hopkins Neck</i>		Month <i>Dec.</i>		Day <i>8</i>		Years <i>24</i>	
Date of death <i>1908</i>		Months <i>11</i>		Days <i>2</i>			
Sex <i>Male</i>		Color or Race <i>Col</i>		Birthplace <i>Talbot Co.</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Murray L. Brummel</i>		Father's Birthplace <i>Talbot Co. Ind.</i>					
Mother's Maiden Name <i>Rachel A. Moore</i>		Mother's Birthplace <i>Talbot Co. Ind.</i>					
Name of person giving Information <i>Murray L. Brummel</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>2 years</i>
Immediate <i>Asthenia</i>	How long <i>2 or 3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Sam'l B. Zippke</i>
	Address <i>Royal Oak, Md</i>
Accident or Suicide <i>—</i>	



Name
in
Full

Elizabeth Burke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

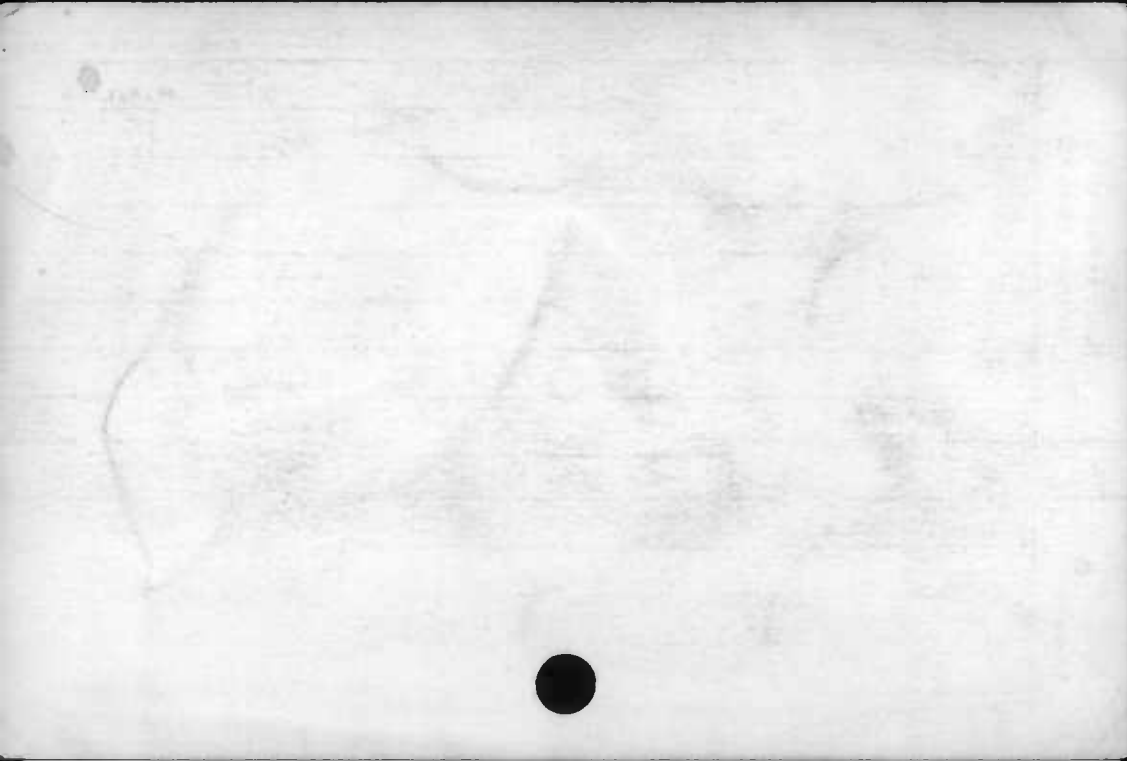
Died at		Town St. Michaels		County Talbot		MARYLAND	
Date of death		1908	Month Dec	Day 25	Age abt 59	Years	Months —
Sex		Female		Color or Race		Black	
Occupation		House-work		Birth- place		Talbot Co Md.	
Where Residing if not at place of death		—					
Married, Single or Widowed		married		Name of Wife or Husband		Addison Burke	
Father's Name		Gustavus Smith		Father's Birthplace		Bay Side	
Mother's Maiden Name		Betty Johnson		Mother's Birthplace		St Michaels	
Name of person giving Information		Addison Burke		How related to deceased		Husband	

CAUSES OF DEATH

123

PHYSICIAN,
OR CORONER

Primary	Ulcer and Catarrh of Bladder	How long	2 yrs
Immediate	Acute Asthenia	How long	3 months
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		A. B. H. Lascock	
Address		St. Michaels Md.	
Accident or Suicide		—	



Name
in
Full

James E. Carson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

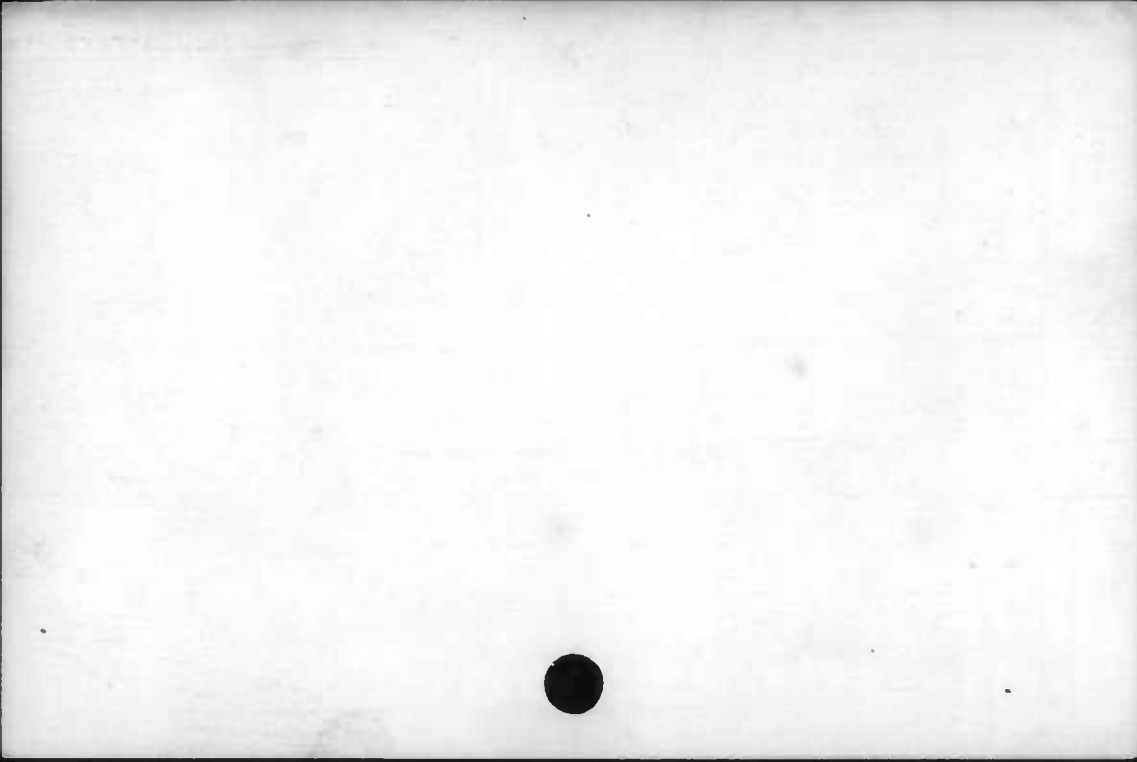
Died at		Town Easton		County Talbot		MARYLAND	
Date of death		1908	Month Dec	Day 3	Age 4	Months 4	Days 2
Sex Male		Color or Race Black		Birthplace Easton Md			
Occupation Y				Where Residing if not at place of death A			
Married, Single or Widowed X		Name of Wife or Husband A					
Father's Name John Carson				Father's Birthplace Talbot Co			
Mother's Maiden Name Mag. Ellen Smith				Mother's Birthplace Talbot Co			
Name of person giving Information John Carson				How related to deceased father			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary Found dead in Bed	How long
Immediate No signs of foul play	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician John B. Fairbank
	Address Coroner
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

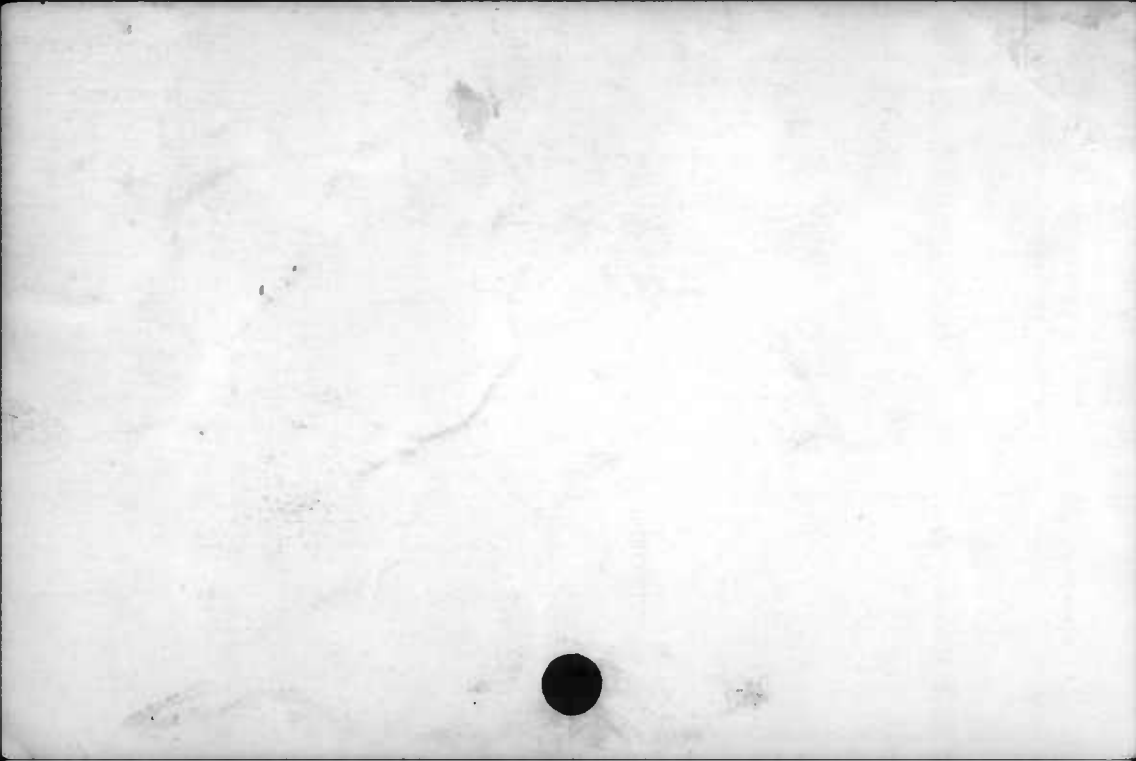
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Dec	17	24			
Sex	male	Color or Race	Black	Birthplace	Tatt. Lo		
Occupation	Labor			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Geo. Barron			Father's Birthplace			
Mother's Maiden Name	Anne Loherty			Mother's Birthplace			
Name of person giving Information	John H. Barron			How related to deceased			
			brother				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	6 mos
Immediate	Exhaustion	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Tatt. Lo	
Accident or Suicide			



Name
in
Full

Hetta E Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Easton Town Talbot County MARYLAND

Date of death 1908 Month Dec Day 25 Age 70 Years X Months / Days /

Sex Female Color or Race white Birth-place DE

Occupation housewife Where Residing if not at place of death X

Married, Single or Widowed Widow Name of Wife or Husband Martin Collins

Father's Name Chas E Lguy Father's Birthplace DE

Mother's Maiden Name Patience Bellum Mother's Birthplace do not know

Name of person giving Information Mrs Sarah E Langlois How related to deceased daughter

CAUSES OF DEATH

Primary Infirmities of old age with slight fever How long 2 months

Immediate acute diarrhoea How long 1 week

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician E. R. Trice

Address

EastonMD

Accident or Suicide



Name
in
Full

Annle Cooper

CERTIFICATE OF DEATH

MARYLAND

Died at McDaniel

Town

Talbot

County

Date of death 1908 Dec

Month

9th

Day

Age 49

Years

Months

Days

Sex Female

Color or
Race

Black

Birth-
place

Talbot Co.

Occupation

Housewife

Where Residing if not
at place of death

McDaniel

Married, Single
or Widowed

Married

Name of Wife or
Husband

John R. Cooper

Father's
Name

Asbury Ridout

Father's
Birthplace

Talbot Co.

Mother's
Maiden Name

Henrietta Wells

Mother's
Birthplace

Talbot Co.

Name of person giving
In formation

Nellie Trott

How related
to deceased

Sister

CAUSES OF DEATH

50

Primary

Diabetes Mellitus

How long

Several months

Immediate

Heart aschemia

How long

one week

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

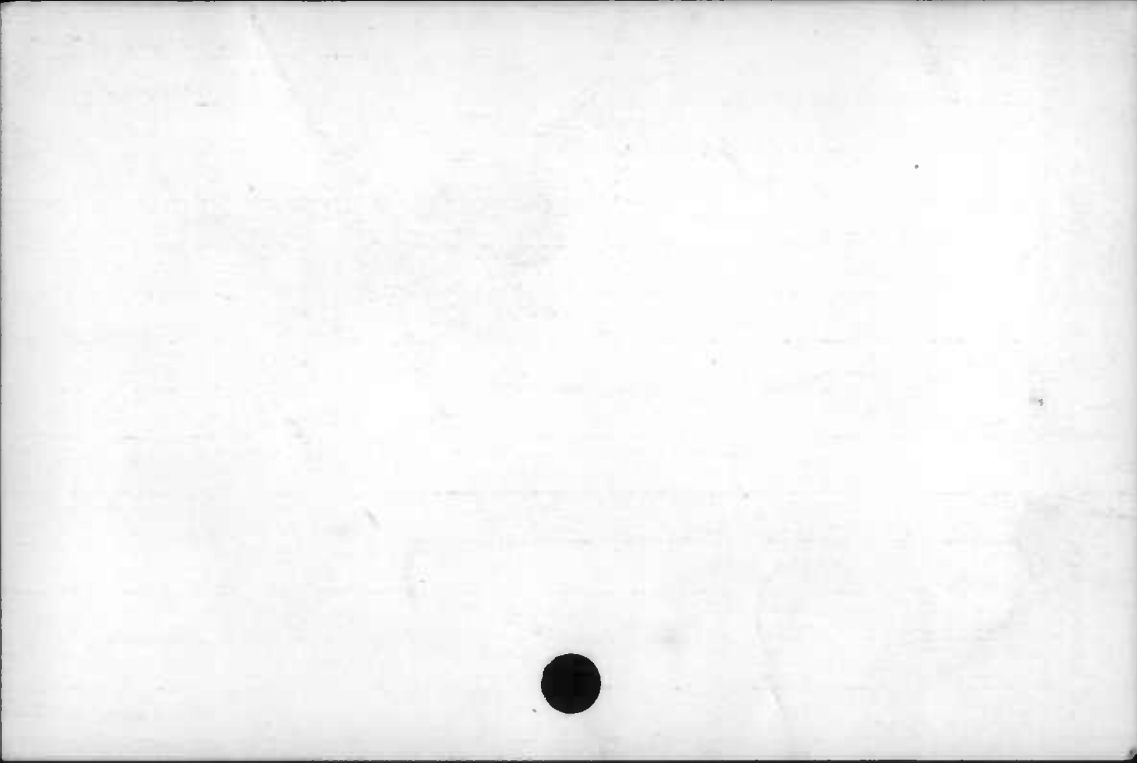
Thos. A. Schaefer M.D.

Address

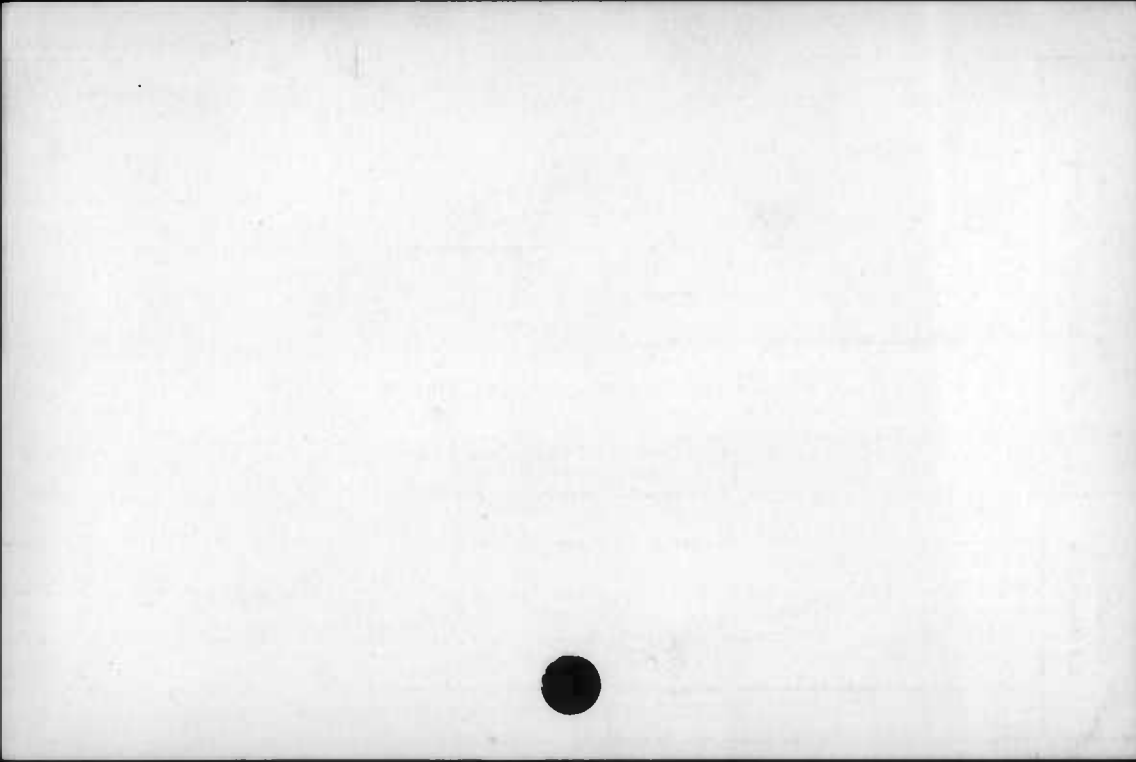
St Michaels, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		John W. Dean				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town St Michaels		County Talbot		MARYLAND	
	Date of death	1908	Month Dec	Day 14	Age 78	Years 9	Months 2
	Sex	Male		Color or Race	White		Birth-place Dorchester Co. Md.
	Occupation	Real Estate Agent			Where Residing If not at place of death		
	Married, Single or Widowed			Name of Wife or Husband	Maria Josephine Denny Dean		
	Father's Name	Unknown			Father's Birthplace	Unknown	
	Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown	
	Name of person giving information	Addie M. Dean			How related to deceased	Daughter	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">79</div>							
PHYSICIAN OR CORONER	Primary	Mitral Regurgitation - Acute debility				How long	6 mo.
	Immediate	Cardiac Failure				How long	—
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	J. H. Soper M.D.	
					Address	St Michaels Md.	
	Accident or Suicide?		No				



Name
in
Full

Not named Dennis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *St Michaels* ^{County} *Salisbury* **MARYLAND**

Date of death 1908 ^{Month} *12* ^{Day} *8* ^{Years} *12* ^{Months} *12* ^{Days}

Sex *female* Color or Race *Black* Birth-place *St Michaels*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Howard Dennis* Father's Birthplace *St Michaels*

Mother's Maiden Name *Lizzie Burke* Mother's Birthplace *Seely Creek*

Name of person giving Information *Howard Dennis* How related to deceased *Father*

CAUSES OF DEATH

Primary

Lagrippe

How long

four days

Immediate

Cerebral stroke

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

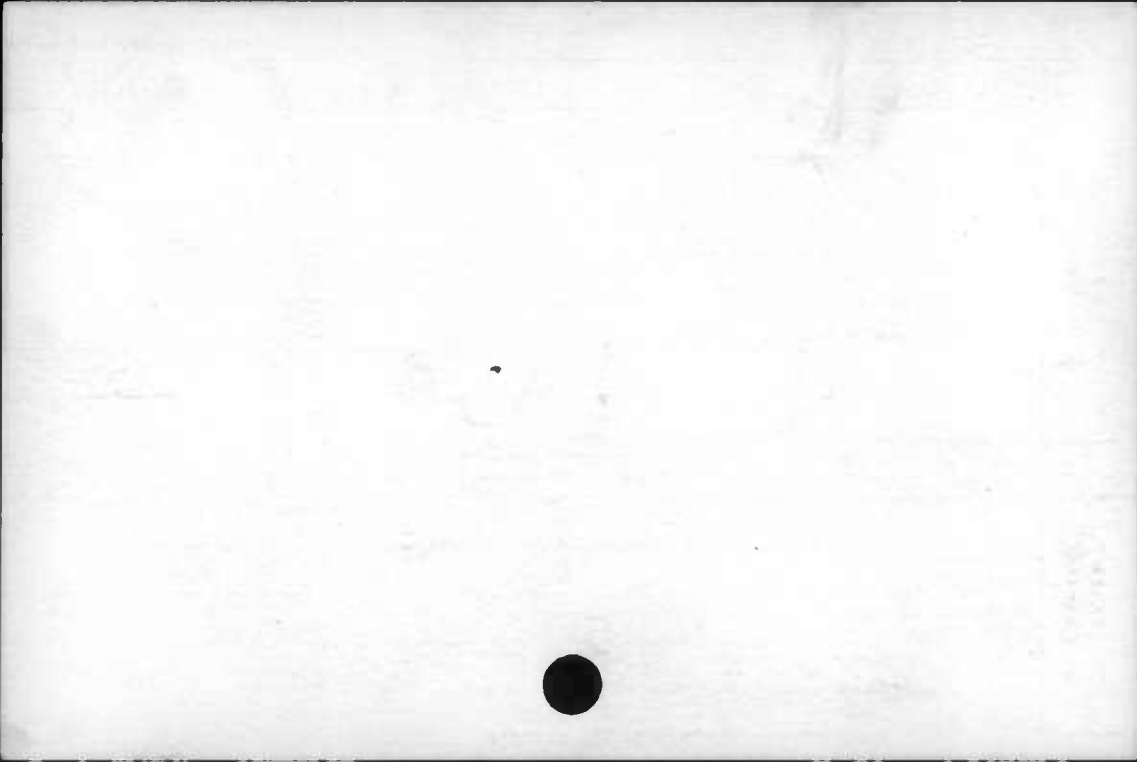
No physician at attendance

Address

Walter Skinner pub reg.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Thomas Dennis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Michaels</i>		County <i>Talbot</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>14</i>	Years <i>43</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birthplace <i>Maryland</i>		
Occupation <i>Cypherman</i>	Where Residing if not at place of death <i>St Michaels</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Emma Dennis</i>				
Father's Name <i>James Dennis</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Not Known</i>	Mother's Birthplace <i>" "</i>				
Name of person giving Information <i>David Dennis</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>5 years</i>
Immediate <i>Hemorrhage</i>	How long <i>immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. A. Davis</i>
	Address <i>St Michaels Md</i>
Accident or Suicide	



Name
in
Full

Not Named Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town St. Michaels		County Talbot		MARYLAND	
Date of death		1908	Month Dec	Day 7	Age	Years died in	Months Child
Sex		Boy		Color or Race		White	
Occupation		—		Birth- place		St. Michaels Md.	
Married, Single or Widowed				Where Residing if not at place of death			
Father's Name				Gary Evans			
Mother's Maiden Name				Bessie Wiley			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary
Prolonged labor

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide

R. A. Dodson

St. Michaels Md.



Name
in
Full

Philming Hanger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

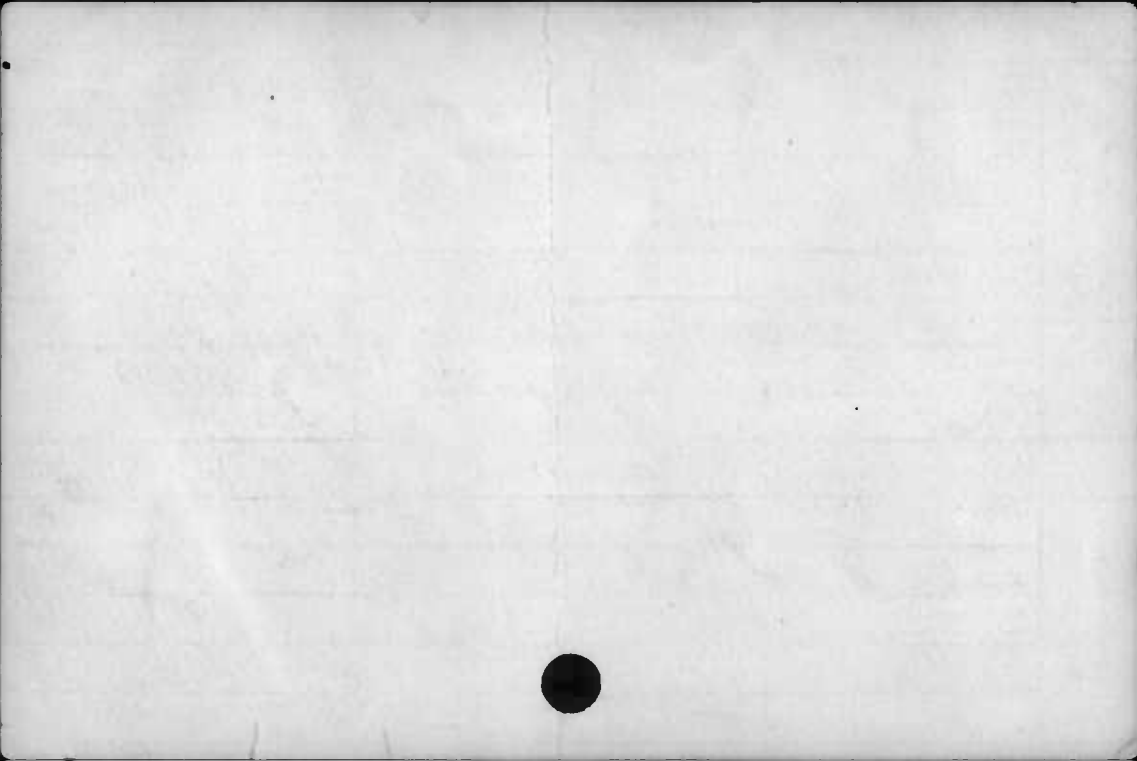
Died at <i>Year</i>		Town <i>Cordora</i>		County <i>Talbot</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>12</i>	Day <i>8</i>	Years <i>43</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Talbot Co. Md</i>				
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed—		Name of Wife or Husband <i>Richard R B Hanger</i>					
Father's Name <i>Nicholas Hanger</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Margaret Churchman</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Thos A Williams</i>		How related to deceased <i>Not related</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Nephritis Interstitial</i>	How long <i>Does not know</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J D Ford</i>
<i>Deceased in July 08 not since</i>	Address <i>Cordora Md</i>
Accident or Suicide?	



Name
in
FullWm. Henry Gardner.
Cordova. Talbot

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

1908

Month

Dec

Day

18

Age

Years

no

Months

no

Days

a few minutes

Sex

Male

Color or
Race

colored

Birth-
place

Cordova, Md

Occupation

none

Where Residing if not
at place of death

Cordova, Md

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Charles. Gardner

Father's
Birthplace

Chapel Md

Mother's
Maiden Name

Mary Pricet

Mother's
Birthplace

Easton Md

Name of person giving
In formation

Chas. Gardner

How related
to deceased

Father

CAUSES OF DEATH

152

Primary

Asphyxiation - before arrival

How long

Immediate

of any attendant - was found lying
with face in pore of water and cord twice about neck.

How long

Are the name, age, sex, color, date
and place correctly given above?

Geo.

Signature of
Physician

C. M. Little M.D.

Address

Cordova.

Md.

Body was viewed with

Accident or Suicide?

Justice Smith

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Still born Gould

CERTIFICATE OF DEATH

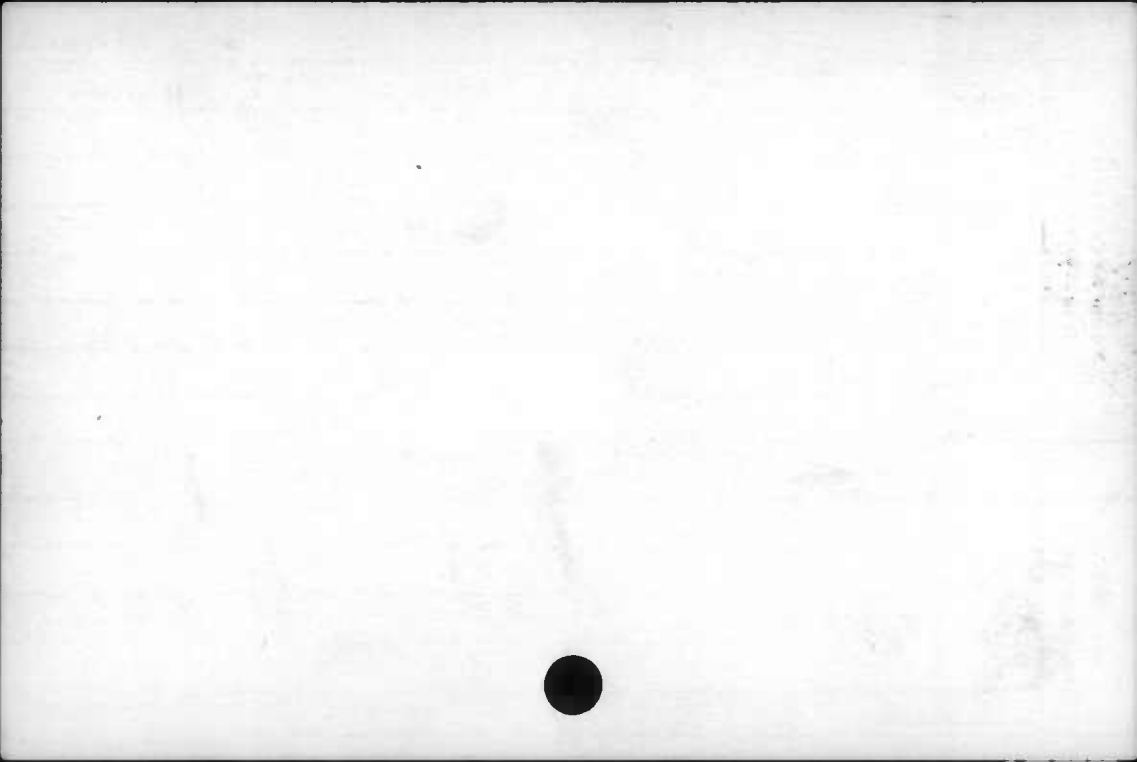
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McDanill</i>		Town <i>Tulbert</i>		County		MARYLAND	
Date of death 190 <i>8</i>		Month <i>Dec</i>		Day <i>8</i>		Age <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>McDanill</i>		Months <i>—</i> Days <i>—</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Herbert Thomas Gould</i>				Father's Birthplace <i>Berlin Wis</i>			
Mother's Maiden Name <i>Lucilla Fish</i>				Mother's Birthplace <i>St. Paul</i>			
Name of person giving Information <i>—</i>				How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>—</i>		How long <i>—</i>	
Immediate <i>—</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Theo A Schaefer M.D.</i>	
		Address <i>St Michael,</i>	
Accident or Suicide			



Name
in
Full

Margaret Elizabeth Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sherwood Town Calvert County MARYLAND

Date of death 1908 Month Dec Day 26 Age — Years — Months 11 Days 19

Sex Female Color or Race White Birth-place Sherwood

Occupation — Where Residing If not at place of death Sherwood

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Raymond Levi Harrison Father's Birthplace Sherwood Md

Mother's Maiden Name Gladys Warner Lomax Mother's Birthplace Sherwood Md

Name of person giving Information Raymond Harrison How related to deceased Father

CAUSES OF DEATH

Primary Measles How long 4 days

Immediate Croupous Pneumonia How long 1 week

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. K. Wilson

Address Foley Luman Md

Accident or Suicide No -

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Easton</i>		County <i>Talbot</i>		MARYLAND	
Date of death		1908	Month <i>Dec</i>	Day <i>18th</i>	Age	Years	Months Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Talbot County</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death <i>Talbot Co.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Thomas Hopkins</i>					
Father's Name <i>Henry W. Wilson</i>		Father's Birthplace <i>Dumfries</i>					
Mother's Maiden Name <i>Ella Wilson</i>		Mother's Birthplace " "					
Name of person giving Information <i>P. H. Hopkins</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Hemiparesis & paraplegia</i>	How long <i>One week.</i>
Immediate <i>Cerebral Aneurysm</i>	How long <i>4 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>P. L. Toovers</i>
	Address <i>Easton, Md.</i>
Accident or Suicide	



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at		County		MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		Sex		Color or Race		Birth-place		
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		How long				
		Immediate		How long				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
		Address						
Accident or Suicide?								

11



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Will & John

Died at Easton ^{Town} Talbot ^{County} **MARYLAND**

Date of death 1908 12 ^{Month} 5th ^{Day} Age 55 ^{Years} — ^{Months} — ^{Days}

Sex male Color or Race ~~White~~ Black Birth-place Easton Md.

Occupation Laborer Where Residing if not at place of dasth —

Married, Single or Widowed Widowed Name of Wife or Husband Malissa Johns

Father's Name Mathews Johns Father's Birthplace Unknown

Mother's Maiden Name Hester Ann Sparks Mother's Birthplace Unknown

Name of person giving Information — How related to deceased —

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Dropsy due to Brights 120 ^{How long} 1 month

Immediate Heart affection ^{How long} 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Robt Ray Cook

Address Easton Md.

Accident or Suicidal no



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Easton</i>		County <i>Talbot</i>		MARYLAND	
Date of death	1908	Month <i>12</i>	Day <i>18</i>	Age <i>1</i>	Years <i>0</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>African</i>		Birth- place <i>Talbot Co.</i>				
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>				Name of Wife or Husband <i></i>			
Father's Name <i>Chas Lane</i>				Father's Birthplace <i>Talbot Co.</i>			
Mother's Maiden Name <i>Fannie Blackwell</i>				Mother's Birthplace <i>Talbot Co.</i>			
Name of person giving Information <i>Chas Lane</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i></i>	How long <i></i>
Immediate	<i>Still born child</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>J. Henry Wellman</i>
		Address <i>Easton Md.</i>
Accident or Suicide <i></i>		



Name in Full Norman Lorenz		CERTIFICATE OF DEATH	
Died at Town Fairbank		County Salmon	
Date of death 1908		Month Dec	Day 3
Age About 55		Years	Months
Sex Male	Color or Race White	Birth-place Not known	
Occupation Cyber bridge	Where Residing if not at place of death Came here from Salto		
Married, Single or Widowed —	Name of Wife or Husband Not known		
Father's Name Not known	Father's Birthplace Not known		
Mother's Maiden Name	Mother's Birthplace Not known		
Name of person giving information Capt. Thos. Parks	How related to deceased Not at all		
Death upon CAUSES OF DEATH cyber boat —			
Primary Inebriety —	How long (56)		
Immediate Heart disease or failure	How long Suddenly		
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. K. Wilson		
	Address Lilghman		
	Mid		
Accident or Suicide?			



Name
in
Full

John Mc Gee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Near Easton ^{County} Talbot MARYLAND

Date of death 1908 ^{Month} Dec ^{Day} 11 ^{Age} 75 ^{Years} ^{Months} ^{Days}

Sex Male ^{Color or Race} White ^{Birth-place} Ireland

Occupation Farmer ^{Where Residing if not at place of death}

Married, Single or Widowed Married ^{Name of Wife or Husband} Mary Mc Gee

Father's Name John Mc Gee ^{Father's Birthplace} Ireland

Mother's Maiden Name Margaret Conway ^{Mother's Birthplace} Ireland

Names of person giving Information Maggie O'Donoghue ^{How related to deceased} Daughter

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary Cause of the Pylorus ^{How long} Not Known

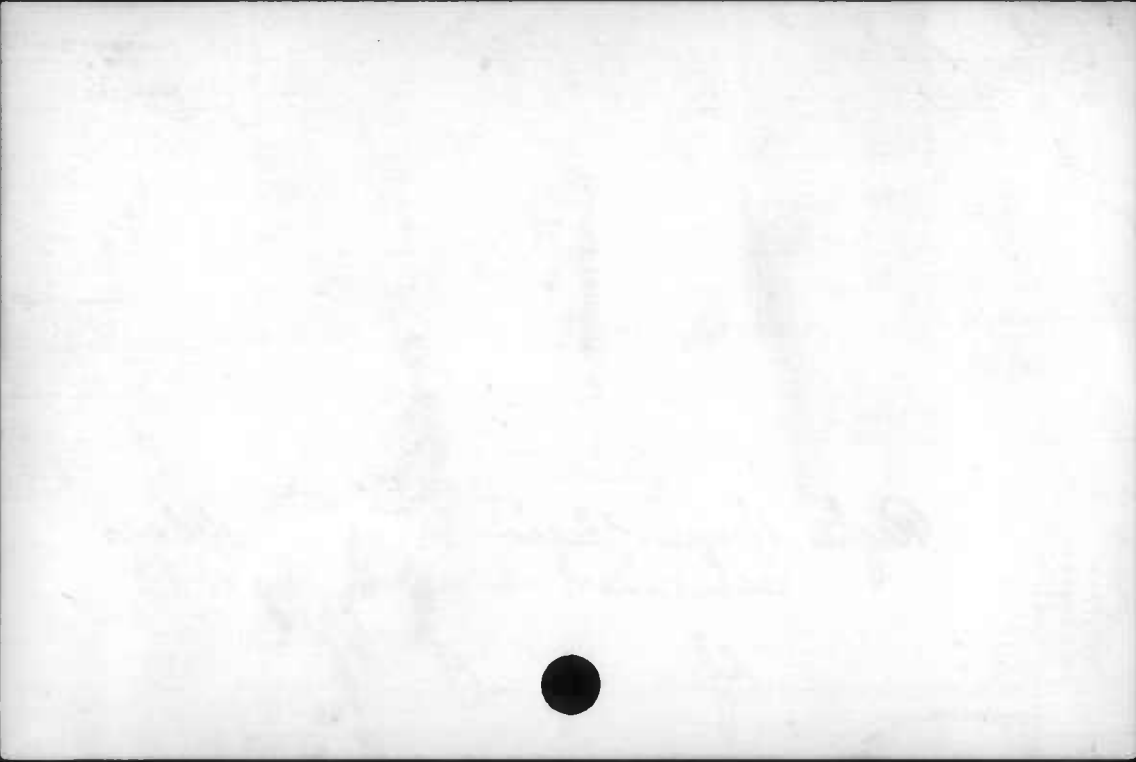
Immediate Et. Rupture ^{How long} 4 hrs. Wks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Chas. J. Davidson

Address Easton, Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John</i>		Town <i>Frepper</i>		County <i>Talbot</i>		State MARYLAND	
Died <i>Jan</i>		Month <i>12</i>		Day <i>1</i>		Years <i>65</i>	
Date of death <i>1908</i>		Month <i>12</i>		Age <i>65</i>		Months <i>4</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Talbot Co, Md</i>		Days <i>13</i>	
Occupation <i>Steam-boat agent</i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Katherine Price</i>		Father's Name <i>Solomon McMahon</i>		Father's Birthplace <i>Md</i>	
Mother's Maiden Name <i>Rebecca Merrick</i>				Mother's Birthplace <i>Md</i>			
Name of person giving Information <i></i>				How related to deceased <i></i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Right Hemiplegia</i>	How long	<i>4 days</i>
Immediate	<i>Exhaustion & Coma</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Joseph A. Brown</i>	
<i>Geo</i>		Address <i>Frepper, Md</i>	
Accident or Suicide <i></i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

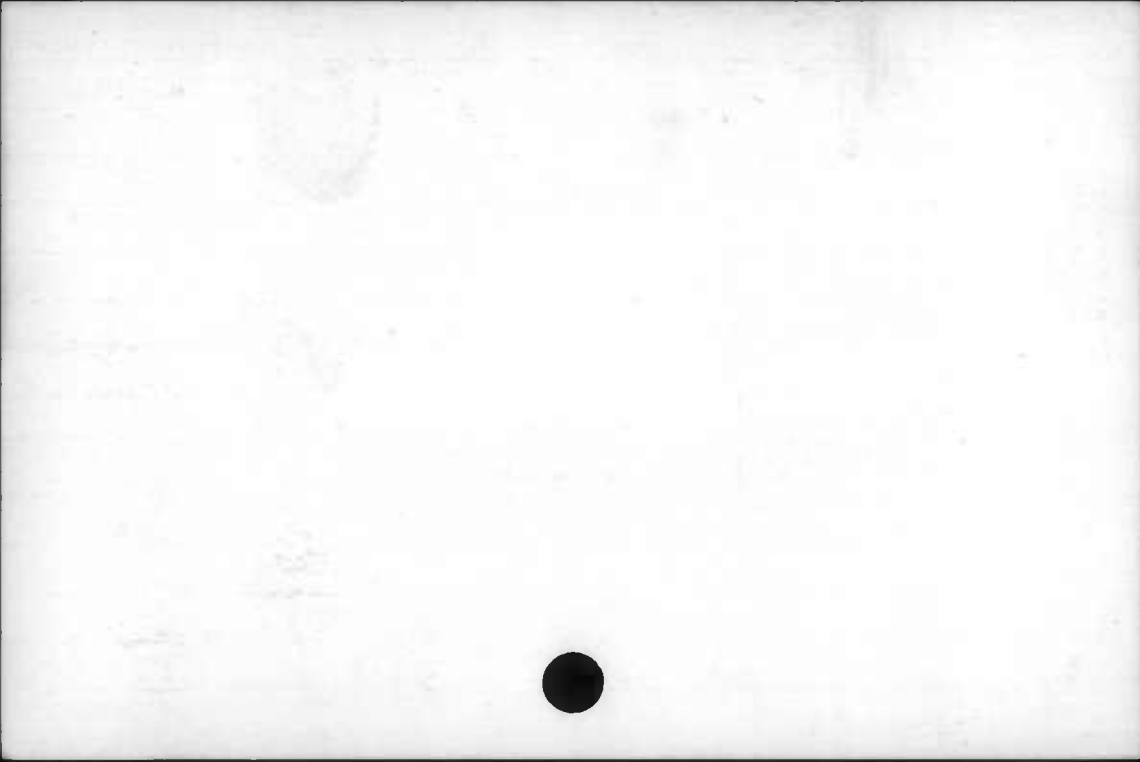
Name in Full <i>Lizzie Roberts</i>		Town <i>Easton</i>		County <i>Talbot</i>		MARYLAND	
Died at <i>Easton</i>		Month <i>Dec</i>		Day <i>12</i>		Years <i>27</i>	
Date of death <i>1908</i>		Month <i>Dec</i>		Day <i>12</i>		Age <i>27</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace <i>Talbot Co.</i>			
Occupation <i>Housework</i>		Where Reiding if not et place of death <i>Talbot Co.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Huaband <i>none</i>					
Father's Name <i>James Roberts</i>		Father's Birthplace <i>Talbot Co.</i>					
Mother's Maiden Name <i>Alice Roberts</i>		Mother's Birthplace <i>Talbot Co.</i>					
Name of person giving Information <i>Ben Roberts</i>		How related to deceased <i>brother</i>					

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary	<i>abortion & retained placenta</i>	How long	<i>3 weeks.</i>
Immediate	<i>Septicemia</i>	How long	<i>3 weeks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>P. L. Travers.</i>	
		Address <i>Easton, Md.</i>	
Accident or Suicide			



Name
in
Full

Sarah A. Stitchberry

CERTIFICATE OF DEATH

Died at		Town Easton		County Talbot		MARYLAND	
Date of death		1908	Month 12	Day 4	Age 65	Years 8	Months 6
Sex Female		Color or Race White		Birth-place Innans			
Occupation Housewife		Where Residing if not at place of death Easton					
Married, Single or Widowed Widow		Name of Wife or Husband W. G. Stitchberry					
Father's Name W ^m . Smith		Father's Birthplace Innans					
Mother's Maiden Name Unknown		Mother's Birthplace Unknown					
Name of person giving information J. A. Stewart		How related to deceased Mother-in-Law					

CAUSES OF DEATH

41

PHYSICIAN OR CORONER	Primary	Causes of the bowel.		How long	One year
	Immediate	Hemorrhage		How long	Two days
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. A. Stevens		
	Accident or Suicide? No		Address Easton		



Name
in
Full

Eveline Taylor.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

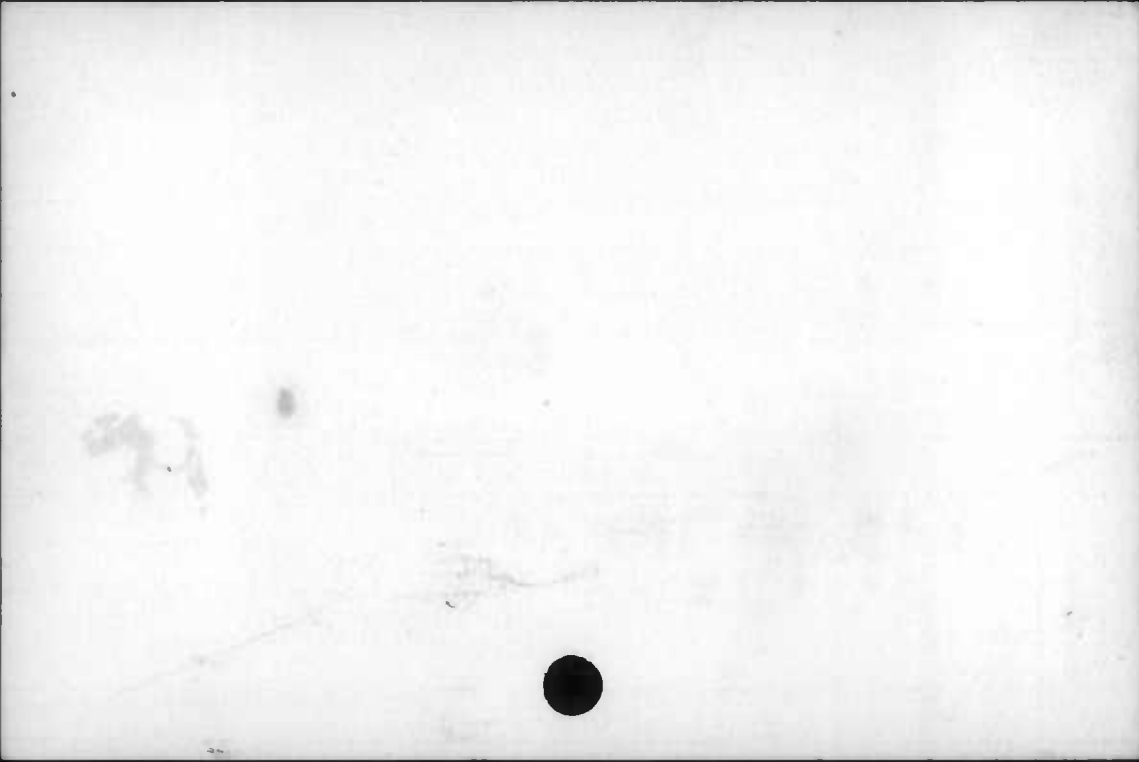
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Dec.	12	65	0	0	0
Sex		Color or Race		Birth-place			
Female		Colored		Dorchester Co Md			
Occupation		Where Residing if not at place of death					
House work.							
Married, Single or Widowed		Name of Wife or Husband					
		James Taylor.					
Father's Name		Father's Birthplace					
James Young		Dorchester Co Md					
Mother's Maiden Name		Mother's Birthplace					
Lillie Young		Dorchester Co Md					
Name of person giving information		How related to deceased					
Ellinor Banks.		Daughter.					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Heart Dis. & Gen Debility	How long	6 months.
Immediate	Exhaustion.	How long	1 week.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		F. M. Each M.D.	
		Address	
		Oxford. Md.	
Accident or Suicide?			



Name
in
Full

David Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Oxford		County Talbot		MARYLAND	
Date of death	1908	Month Dec	Day 30	Age Years	20	Months	0
Sex	Male		Color or Race	White		Birth- place	Don't know
Occupation	Sailor			Where Residing if not at place of death Oxford			
Married, Single or Widowed	Single			Name of Wife or Husband Don't know			
Father's Name	Don't know			Father's Birthplace Don't know			
Mother's Maiden Name	Don't know			Mother's Birthplace Don't know			
Name of person giving in formation	Husband Pope			How related to deceased Wife			

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	Don't know	How long	Don't know
Immediate	Don't know	How long	Don't know
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. M. Gaskin
		Address	Oxford Md
Accident or Suicide?	Accident		

